

**ECMT-USDOT Workshop on  
Fostering Successful Implementation of Sustainable Urban Travel Policies**

November 5 - 7, 2003  
Marriott Metro Center, Washington, D.C.

**Registration Form**

*Please print or type*

Name \_\_\_\_\_

Last

First

Professional Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov./Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_ Email \_\_\_\_\_

- The registration fee includes all conference materials, lunch on the first and second day of the conference and an evening reception at Union Station on Wednesday, November 5th
- Payment may be submitted in the form of check (in US Dollars), bank transfer, Visa or MasterCard

Please let us know if you will be attending the following conference events:      Yes      No

Lunch on Wednesday, November 5      ☐      ☐

Reception on Wednesday, November 5      ☐      ☐

Lunch on Thursday, November 6      ☐      ☐

Tour of Silver Spring, Maryland: Transit-Oriented Development, November 7      ☐      ☐

<b>Early Registration Fee</b>	<b>\$250.00</b>	<b>On or Before October 10, 2003</b>
<b>Registration Fee</b>	<b>\$275.00</b>	<b>After October 10, 2003</b>

**Method of Payment**

**Please choose one of the following:**

1.      Registration fee enclosed      Check# \_\_\_\_\_      Amount \$ \_\_\_\_\_  
Please make checks payable to **Planners Collaborative, Inc.**

2.      Charge to:      ☐ Visa      ☐ MasterCard      Amount \$ \_\_\_\_\_

Account No. # \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

3.      Bank Transfers to:  
**Citizens Bank** Bank Code: **011 500 120**      Swift Code: **CTZIUS33**      Account Name: **Planners Collaborative**      Account Number: **113176-866-0**

Bank: \_\_\_\_\_      Number: \_\_\_\_\_

Cancellation policy: \$200 of the registration fee will be refunded if registration is cancelled on or before October 24, 2003. No refunds after October 24, 2003.

Please fax or mail this form with your payment information to:

Jennifer Whalley  
Planners Collaborative, Inc.  
US DOT Volpe Center  
55 Broadway, DTS 930  
Cambridge, MA 02142

Phone: (617) 494-2686  
Fax: (617) 494-2569  
Email: [Whalley@volpe.dot.gov](mailto:Whalley@volpe.dot.gov)

**Special Needs:** In compliance with the Americans with Disabilities Act requirements, participants with special needs can be reasonably accommodated by contacting the conference coordinator at least ten working days prior to the conference.